



WASHINGTON STATE  
DEPARTMENT OF  
ECOLOGY

# Annual Biosolids Report

## Wastewater Treatment Facilities and Facilities Further Treating Biosolids

### For Calendar Year: **2005**

This annual biosolids report is for wastewater treatment facilities and facilities that engage in the further treatment of biosolids or sewage sludge and must be submitted as required by WAC 173-308-295. The due date for the annual report is **March 1**. The information reported must be from the previous calendar year, January 01–December 31, except where noted. Please use N/A where appropriate. Please round figures to  $\leq 1$  decimal place. Please report values as dry tons (dt). Please attach additional sheets if necessary.

#### SECTION A: FACILITY INFORMATION

##### 1) COMPLETE AS APPLICABLE

- a) Facility name \_\_\_\_\_
- b) Authority/owner name \_\_\_\_\_
- c) Facility address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- d) Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- e) Responsible official/title \_\_\_\_\_ Phone/fax \_\_\_\_\_ Email \_\_\_\_\_
- f) Primary contact/title \_\_\_\_\_ Phone/fax \_\_\_\_\_ Email \_\_\_\_\_

##### 2) CHECK AS APPLICABLE

- a) ☐ This facility has a maximum design flow  $\geq 1$  million gallons per day or serves  $\geq 10,000$  people
- b) ☐ This facility has a maximum design flow  $< 1$  million gallons per day and serves  $< 10,000$  people
- c) ☐ This facility is a “Class I” facility

##### 3) COMPLETE AS APPLICABLE

- a) NPDES Permit # \_\_\_\_\_ Issuance Date \_\_\_\_\_ Expiration Date \_\_\_\_\_
- b) State Waste Discharge Permit # \_\_\_\_\_ Issuance Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

#### SECTION B: BIOSOLIDS OR SEWAGE SLUDGE PRODUCTION & MANAGEMENT (LAGOONS: This section is not applicable to your facility unless you removed solids from your lagoon[s]. Please complete Section C instead.)

- 1) **PRODUCED BY YOUR FACILITY** (do not include any received from another facility) \_\_\_\_\_ dt
- 2) **RECEIVED FROM ANOTHER FACILITY** \_\_\_\_\_ dt
  - a) Facility name(s) and subtotal(s) of the above amount: \_\_\_\_\_
- 3) **SENT TO ANOTHER FACILITY** \_\_\_\_\_ dt
  - a) Facility name(s) and subtotal(s) of the above amount: \_\_\_\_\_
- 4) **SENT TO A LANDFILL FOR DISPOSAL** \_\_\_\_\_ dt
  - a) Landfill name(s) and subtotal(s) of the above amount: \_\_\_\_\_
- 5) **INCINERATED AT YOUR FACILITY** \_\_\_\_\_ dt
- 6) **TEMPORARY ON-SITE STORAGE (LESS THAN 2 YEARS)** \_\_\_\_\_ dt
- 7) **SENT TO A PERMITTED BIOSOLIDS BENEFICIAL USE FACILITY (BUF)** (complete the following table; do not include any managed by a BUF anywhere else below except B.17 if applicable)

B&B Farms BUF	_____ dt	Natural Selection Farms BUF	_____ dt
Boulder Park (not a BUF but submit a detailed report)	_____ dt	Ryegrass Ranch BUF	_____ dt
Cheyne BUF	_____ dt	Tjoelkers Farm BUF	_____ dt
Fire Mountain Farms BUF	_____ dt	Other: _____	_____ dt
Horse Heaven Hills BUF	_____ dt		

- 8) BULK APPLIED TO AGRICULTURAL LAND BY YOU/YOUR AGENT \_\_\_\_\_ dt
- 9) BULK APPLIED TO FOREST LAND BY YOU/YOUR AGENT \_\_\_\_\_ dt
- 10) BULK APPLIED TO A PUBLIC CONTACT SITE BY YOU/YOUR AGENT \_\_\_\_\_ dt
- 11) BULK APPLIED TO A LAND RECLAMATION SITE BY YOU/YOUR AGENT \_\_\_\_\_ dt
- 12) BULK APPLIED TO A LAWN OR HOME GARDEN BY YOU/YOUR AGENT \_\_\_\_\_ dt
- 13) BULK SOLD/GIVEN AWAY BY YOU (but not to your agent or another facility) \_\_\_\_\_ dt
- 14) BAGGED/CONTAINERIZED SOLD/GIVEN AWAY BY YOU \_\_\_\_\_ dt
- 15) AMOUNT IN A COMPOST/BLENDED PRODUCT SOLD/GIVEN AWAY BY YOU \_\_\_\_\_ dt
- 16) LAND APPLICATION SITE INFORMATION FOR NON-EXCEPTIONAL QUALITY BIOSOLIDS

- a) Site Location (Section/Township/Range) \_\_\_\_\_  
Vegetation grown \_\_\_\_\_; Nitrogen requirement \_\_\_\_\_ #/acre/year  
Application rate \_\_\_\_\_ dt/acre; Area applied to \_\_\_\_\_ acres; Total applied \_\_\_\_\_ dt
- b) Site Location (Section/Township/Range) \_\_\_\_\_  
Vegetation grown \_\_\_\_\_; Nitrogen requirement \_\_\_\_\_ #/acre/year  
Application rate \_\_\_\_\_ dt/acre; Area applied to \_\_\_\_\_ acres; Total applied \_\_\_\_\_ dt

**17) SITES SUBJECT TO THE CUMULATIVE POLLUTANT LOADING RATES IN WAC 173-308-160 TABLE 2 AND WHERE  $\geq 90\%$  OF THE LOADING RATES HAVE BEEN REACHED**

- a) Attach to this report the following:
- i) ☐ The information in WAC 173-308-290(4)(c)(i)-(v)
- ii) ☐ A description of how the requirement to obtain information under WAC 173-308-160(2)(b) was met

**SECTION C: LAGOON SOLIDS ACCUMULATION OR LAGOON STORAGE**

- 1) ESTIMATED SOLIDS ACCUMULATED OR STORED IN A LAGOON SYSTEM \_\_\_\_\_ dt

**SECTION D: BIOSOLIDS QUALITY**

**1) PATHOGEN REDUCTION (see WAC 173-308-170)**

**CLASS A**

<input type="checkbox"/> Class A - Alternative 1 <i>Time and Temperature</i>	<input type="checkbox"/> Class A - Alternative 2 <i>pH Temperature and Time</i>	<input type="checkbox"/> Class A - Alternative 3 <i>Process verification</i>
<input type="checkbox"/> Class A - Alternative 4 <i>Batch verification</i>	<input type="checkbox"/> Class A - Alternative 5 <i>Process to Further Reduce Pathogens</i> <input type="checkbox"/> Composting <input type="checkbox"/> Heat drying <input type="checkbox"/> Heat treatment <input type="checkbox"/> Thermophilic aerobic digestion <input type="checkbox"/> Beta ray irradiation <input type="checkbox"/> Gamma ray irradiation <input type="checkbox"/> Pasteurization	<input type="checkbox"/> Class A - Alternative 6 <i>Equivalency</i>

**CLASS B**

<input type="checkbox"/> Class B - Alternative 1 <i>Seven Samples</i> _____ MPN/dry gram <b>GEOMEAN</b>	<input type="checkbox"/> Class B - Alternative 2 <i>Process to Significantly Reduce Pathogens</i> <input type="checkbox"/> Aerobic digestion <input type="checkbox"/> Air drying <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Composting <input type="checkbox"/> Lime stabilization	<input type="checkbox"/> Class B - Alternative 3 <i>Equivalency</i>
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**2) VECTOR ATTRACTION REDUCTION (see WAC 173-308-180, -210(3), -220(3), -230(3), -240(3))**

<input type="checkbox"/> Alternative 1 <i>38% volatile solids reduction</i>	<input type="checkbox"/> Alternative 2 <i>Bench test for anaerobically digested biosolids</i>	<input type="checkbox"/> Alternative 3 <i>Bench test for aerobically digested biosolids</i>	<input type="checkbox"/> Alternative 4 <i>SOUR test</i>	<input type="checkbox"/> Alternative 5 <i>Aerobic treatment meeting time (14 day)/temperature (&gt;40° C)</i>
<input type="checkbox"/> Alternative 6 <i>pH adjustment</i>	<input type="checkbox"/> Alternative 7 <i>75% or greater solids content for biosolids containing only stabilized solids</i>	<input type="checkbox"/> Alternative 8 <i>90% or greater solids content for biosolids containing any unstabilized solids</i>	<input type="checkbox"/> Alternative 9 <i>Injection below the surface of the ground</i>	<input type="checkbox"/> Alternative 10 <i>Incorporation into soil within 6 hours after application</i>

**3) POLLUTANTS (see WAC 173-308-150 and -160)**

- a) How many monitoring events for pollutants did your facility carry out during the past year? \_\_\_\_\_
- b) If at any time the monthly average for any pollutant exceeded the value in Table 3 of WAC 173-308-160, list the pollutant(s): \_\_\_\_\_
- c) If at any time the concentration for any pollutant exceeded the value in Table 1 of WAC 173-308-160, list the pollutant(s): \_\_\_\_\_

**SECTION E: ATTACHMENTS (as applicable)**

- 1) ☐ ANALYTICAL DATA FOR POLLUTANT CONCENTRATIONS
- 2) ☐ PROCESS MONITORING AND/OR ANALYTICAL DATA FOR PATHOGEN REDUCTION
- 3) ☐ PROCESS MONITORING AND/OR ANALYTICAL DATA FOR VECTOR ATTRACTION REDUCTION
- 4) ☐ APPLICABLE SIGNED/DATED CERTIFICATION STATEMENT(S) ON **PAGE 4**

**SECTION F: ANNUAL REPORT FORM CERTIFICATION STATEMENT**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**SECTION G: SUBMITTING YOUR ANNUAL REPORT**

- 1) ☐ ORIGINAL TO ECOLOGY HEADQUARTERS
- 2) ☐ COPY TO THE ECOLOGY REGION WHERE YOUR FACILITY IS LOCATED
- 3) ☐ COPY TO THE LOCAL HEALTH JURISDICTION WHERE YOUR FACILITY IS LOCATED
- 4) ☐ COPY TO ANY LOCAL HEALTH JURISDICTION AND/OR ECOLOGY REGION WHERE YOUR NON-EXCEPTIONAL QUALITY BIOSOLIDS WERE TREATED/APPLIED
- 5) ☐ COPY TO EPA REGION 10 BY **FEBRUARY 19** IF A "MAJOR" OR "CLASS 1" FACILITY

**MAILING ADDRESSES**

<b>Biosolids Coordinator</b> <b>Department of Ecology—CRO</b> 15 West Yakima Avenue, Suite 200 Yakima, WA 98902	<b>Biosolids Coordinator</b> <b>Department of Ecology—ERO</b> North 4601 Monroe Spokane, WA 99205-1295	<b>Biosolids Coordinator</b> <b>Department of Ecology—NWRO</b> 3190 – 160 <sup>th</sup> Avenue S.E. Bellevue, WA 98008-5452
<b>Biosolids Coordinator</b> <b>Department of Ecology--SWRO</b> PO Box 47775 Olympia, WA 98504-7775	<b>Biosolids Coordinator</b> <b>Department of Ecology—HQ</b> PO Box 47600 Olympia, WA 98504-7600	<b>USEPA Region 10</b> NPDES Compliance Unit (OCE-133), Biosolids Reports 1200 Sixth Avenue Seattle, WA 98101, ATTN: Cindy Phung

## CERTIFICATION STATEMENTS (complete as applicable)

### 1) YOU PREPARED BULK BIOSOLIDS AND VAR WAS MET AT YOUR FACILITY

I certify, under penalty of law, that the (check as appropriate) ☐ Class A or ☐ Class B pathogen requirements in (check as appropriate) WAC 173-308-170(2) ☐ (a), ☐ (b), ☐ (c), ☐ (d), ☐ (e), or ☐ (f) if Class A, or WAC 173-308-170(3) ☐ (a), ☐ (b), or ☐ (c) if Class B, and the vector attraction reduction requirement in (check as appropriate) WAC 173-308-180 ☐ (2), ☐ (3), ☐ (4), ☐ (5), ☐ (6), or ☐ (7) have been met. This determination was made under my direction and supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information used to determine that pathogen and vector attraction reduction requirements have been met. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

### 2) YOU PREPARED BULK BIOSOLIDS AND VAR WAS NOT MET AT YOUR FACILITY

I certify, under penalty of law, that the (check as appropriate) ☐ Class A or ☐ Class B pathogen requirements in (check as appropriate) WAC 173-308-170(2) ☐ (a), ☐ (b), ☐ (c), ☐ (d), ☐ (e), or ☐ (f) if Class A, or WAC 173-308-170(3) ☐ (a), ☐ (b), or ☐ (c) if Class B have been met. This determination was made under my direction and supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information used to determine that pathogen reduction requirements have been met. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

### 3) YOU PREPARED BIOSOLIDS FOR SALE/GIVE AWAY IN A BAG OR OTHER CONTAINER (<1 METRIC TON)

I certify, under penalty of law, that the Class A pathogen requirement in (check as appropriate) WAC 173-308-170(2) ☐ (a), ☐ (b), ☐ (c), ☐ (d), ☐ (e), or ☐ (f), the vector attraction reduction requirement in (check as appropriate) WAC 173-308-180 ☐ (2), ☐ (3), ☐ (4), ☐ (5), ☐ (6), or ☐ (7) and the pollutant concentrations limits in WAC 173-308-160 Table 3 have been met. This determination has been made under my direction and supervision in accordance with the system designed to ensure that qualified personnel properly gather and evaluate the information used to determine that pathogen requirement and vector attraction reduction requirements have been met. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

### 4) YOU APPLIED BULK BIOSOLIDS EXCEEDING THE WAC 173-308-160 TABLE 3 LIMITS

I certify, under penalty of law, that the requirement to obtain information under WAC 173-308-160(2)(b) has been met for each site on which bulk biosolids were applied. This determination was made under my direction and supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information used to determine that the requirements to obtain information have been met. I am aware that there are significant penalties for false certification including fine and imprisonment.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

### 5) YOU APPLIED BULK BIOSOLIDS THAT WERE CLASS B FOR PATHOGENS

"I certify, under penalty of law, that the site management and access restrictions in (check as appropriate) ☐ WAC 173-308-210(4)(a)(i)-(ix), ☐ WAC 173-308-220(4)(a)(i)-(ix), ☐ WAC 173-308-230(4)(a)(i)-(ix), or ☐ WAC 173-308-240(4)(a)(i)-(ix) have been met for each site on which bulk biosolids were applied. This determination was made under my direction and supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information used to determine that the site management and access restrictions have been met. I am aware that there are significant penalties for false certification including fine and imprisonment."

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

### 6) YOU APPLIED BULK BIOSOLIDS AND USED INCORPORATION OR INJECTION FOR VAR

"I certify, under penalty of law, that the vector attraction reduction requirement in (check as appropriate) ☐ WAC 173-308-210(3)(b)(i), ☐ WAC 173-308-210(3)(b)(ii), ☐ WAC 173-308-220(3)(b)(i), ☐ WAC 173-308-220(3)(b)(ii), ☐ WAC 173-308-230(3)(b)(i), ☐ WAC 173-308-230(3)(b)(ii), ☐ WAC 173-308-240(3)(b)(i), or ☐ WAC 173-308-240(3)(b)(ii) has been met for each site on which biosolids were applied. This determination was made under my direction and supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information used to determine that the vector attraction reduction and site management requirements have been met. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment."

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

### 7) YOU APPLIED NON-EXCEPTIONAL QUALITY BULK BIOSOLIDS

I certify, under penalty of law, that the site management restrictions in (check as appropriate) ☐ WAC 173-308-210(4)(b)(i)-(iii), ☐ WAC 173-308-220(4)(b)(i)-(iii), ☐ WAC 173-308-230(4)(b)(i)-(iii), or ☐ WAC 173-308-240(4)(b)(i)-(iii) were met for each site on which bulk biosolids were applied. This determination was made under my direction and supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information used to determine that the site management restrictions have been met. I am aware that there are significant penalties for false certification including fine and imprisonment.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_